STATE OF MAINE JUDICIAL BRANCH

FORECLOSURE DIVERSION PROGRAM MEDIATOR APPLICATION

A. CONTACT INFORMATION

Name:	Preferred Email:
Home Address:	Business Address:
Preferred Telephone number:	Business Telephone:
Home Telephone:	Business Fax:

B. EDUCATION AND RELEVANT PROFESSIONAL TRAINING (Attach additional sheets if necessary)

1. Education

Degree	Institution	Location	Date of Completion

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a. Please list any training you have received in law, accounting, banking, or collections work relevant to mortgage foreclosure.

Course/Program	Sponsor	Date	Hours Completed
			Completed

b. Please list any formal mediation training you have received.

Course/Program	Sponsor	Date	Hours Completed
			•

C.	(Attach additional sheets if necessary)
1.	Please describe your current employment, including your title, employer, and length of time you have been in this position.
2.	Describe any professional experience, employment history, or community service relevant to foreclosure mediation, including years of experience and type of practice.
3.	If you have ever been included on a Maine ADR Roster, please list which rosters.

D. DISTRICT AND SUPERIOR COURTS IN WHICH YOU ARE WILLING TO WORK

1. Please circle all courthouse locations in which you would be willing to mediate:

District Court

Augusta	Bangor	Belfast	Biddeford	Bridgton
Calais	Caribou	Dover-Foxcroft	Ellsworth	Farmington
Fort Kent	Houlton	Lewiston	Lincoln	Machias
Madawaska	Millinocket	Newport	Portland	Presque Isle
Rockland	Rumford	Skowhegan	South Paris	Springvale
Waterville	West Bath	Wiscasset	York	

Superior Court

Androscoggin	Aroostook	Cumberland	Franklin
Hancock	Kennebec	Knox	Lincoln
Oxford	Penobscot	Piscataquis	Sagadahoc
Somerset	Waldo	Washington	York

E. FORECLOSURE MEDIATION TRAINING

1. All Foreclosure Diversion Program Mediators are required to attend training and earn certificates of qualification before they will be eligible to mediate in this program. Training will be held on December 1-3, 2009, in Augusta. Are you able to attend this training?

Yes No

2. If you are unable to attend, briefly explain your reason.

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F.	COI	MPU		Nt

1.	Please circle the choice below that best describes your level of experience using spreadsheets and databases.			
	No Experience	Some Experience	Experienced and Knowledgeable	
2.		at computer during t	her own computer and the ability to prinche mediation session. Do you own a laptor	
	Yes	No		
3.	willing to transpor	t it and set it up	nputers may be utilized instead if you are during mediation sessions. The desktop tect to the Internet and be connected to a	
	Can your desktop b	e connected to the Int	ternet?	
	Yes	No		
	Do you have your or	wn portable printer?		
	Yes	No		
4.	·	<u>-</u>	g equipment referred to in questions 2 and order to participate as a mediator in this	
	Yes	No		
G.	SHADOWING			
1.	may be required to shadow them durin	permit other progr	rs who have previous mediation experience to mediators without such experience to mediations. If you are already a trained?	
	Yes	No		

Are you an a	•	Yes		No	
If yes, in wh	ich states ar	e you licensed	d to practice?	Please note	dates of admissi
State			Date of	Admission	
Are you lice	nsed or certi	fied by any p	rofessional b	oard or simil	ar entity?
Yes	No	-			
If so, in wh	nich states a	•		fied, and wha	•
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No (If yes, attach separate sheet)

Yes

I. AFFIRMATION, CONDITIONS OF APPLICATION AND RELEASE

I understand that any misrepresentation in my application may constitute a basis for the rejection of my application or removal of my name from the Foreclosure Diversion Program mediator roster. I understand that if my application is preliminarily accepted, the Foreclosure Diversion Program will request the Office of Judicial Marshals to conduct a background investigation, including, but not limited to, an inquiry and documentation of criminal or motor vehicle arrest and conviction records.

I affirm that I have the competence to undertake the responsibilities of this program. If rostered, I will comply with the rules, regulations, and policies of the Foreclosure Diversion Program, the Judicial Branch, and the State of Maine.

I understand that a copy of this form will be made available to the public if requested and that some of the information provided may be included in a public directory of rostered mediators if I am accepted.

I hereby affirm that the information provided by me on this application is accurate and complete under penalty of law.

Signature	Date

PLEASE RETURN THIS APPLICATION TO:

THE FORECLOSURE DIVERSION PROGRAM ADMINISTRATIVE OFFICE OF THE COURTS P.O. BOX 4820 PORTLAND, ME 04112

FOR MORE INFORMATION, PLEASE CONTACT:

LAUREN BLAKE WELIVER, MANAGER
THE FORECLOSURE DIVERSION PROGRAM
(207) 822-0706

or email: FDMP@maine.gov